

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132966

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE RIGHT MORTGAGE PLACE, INC.

Current Principal Place of Business:

1605 13TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1605 13TH STREET
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-3545378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, RHONDA D
329 PENNSYLVANIA AVE.
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

IRWIN, TABATHA A
743 CHAMBERLIN TRAIL
ST. CLOUD, FL 34772 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TABATHA A. IRWIN

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRWIN, TABATHA A
Address: 743 CHAMBERLIN TRAIL
City-St-Zip: ST. CLOUD, FL 34772

Title: VP () Delete
Name: FOWLER, THOMAS C
Address: 2726 GARRETT NICHOLAS LOOP
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Delete
Name: OWEN, RHONDA D
Address: 329 PENNSYLVANIA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS FOWLER

VP

01/17/2008

Electronic Signature of Signing Officer or Director

Date